



STATE OF UTAH
DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF AIR QUALITY
150 North 1950 West, P.O. Box 144820
Salt Lake City, Utah 84114-4820

OFFICIAL USE ONLY

**CERTIFICATION APPLICATION FOR ASBESTOS
COMPANY**

COMPANY INFORMATION:

Name of company: _____
Mailing Address: _____ Street Address: _____
_____ Fax: () _____
_____ Phone: () _____

Who controls interest in the company?

Name: _____
Mailing Address: _____

Who are the officers and directors of the company?

Name: _____ Title: _____

If more space is needed please make a note and attach a separate sheet

Has any of the above information changed since the last certification? _____

APPLICATION FOR:

☐ Initial Certification ☐ Annual Recertification ☐ If Recertification; Certification Number _____

READ AND SIGN THE FOLLOWING STATEMENT:

As an authorized representative of this asbestos company, I certify that:

1. Only individuals trained in accordance with UAC R307-801-4, will be used to perform asbestos projects. At least one person trained in accordance with UAC R307-801-4 will be responsible for the construction of the containment, supervision, and inspection of each asbestos project conducted by the company. Only certified management planners, project designers and inspectors will be used while performing these functions.
2. All Federal, State, and local rules and regulations dealing with asbestos will be followed by the company at all times.
3. To the best of my knowledge, all information given with this application is correct.

Signature of Authorized Representative

Title of Representative

Date

Printed Name of Authorized Representative

-OVER-

Additional Information: What kind of work does the company do?

Check all that apply:

Abatement/Removal

☐
☐

Project Designs

☐
☐

Inspections

Management Plans

Restricted to in-house work

☐

APPLICATION INSTRUCTIONS

I. Certification/Recertification: (submit the following):

- _____(1) A list of the other states where the asbestos contractor is licensed or certified for asbestos project work, if applicable; and a list of all previous names used by the asbestos contractor.
- _____(2) A description of the company's past compliance history relating to asbestos activities, if applicable.
- _____(3) **\$200.00 Certification Fee:** Make check payable to: Utah Division of Air Quality.

III. Send application and supporting documents to:

Executive Secretary, Utah Air Quality Board
Department of Environmental Quality
Division of Air Quality
150 North 1950 West
P.O. Box 144820
Salt Lake City, Utah 84114-4820

Phone: (801) 536-4000

T.D.D.: (801) 536-4414

ALLOW 30 DAYS FOR PROCESSING

DO NOT WRITE BELOW OFFICIAL USE ONLY

Reviewers Initials: _____

Date Rejected: _____

Date Reviewed: _____

Additional Information Requested: _____

Date Approved: _____

Certification Number: _____